2014 Meaningful Use Modifications
Final Rule Informational Paper

Background:

The Department of Health and Human Services (HHS) published a final rule on Friday, August 29, 2014 that allows health care providers more flexibility in how they use certified electronic health record (EHR) technology (CEHRT) to meet meaningful use (MU) for an EHR Incentive Program reporting period for 2014. The final rule will go into effect on October 1, 2014.

The text of the final rule is available at:
https://www.federalregister.gov/articles/2014/09/04/2014-21021/modifications-to-the-medicare-and-medicaid-electronic-health-record-ehr-incentive-program-for-2014

What effects will the revised rule have?

Eligible providers (EPs), Eligible Hospitals (EHs) , and critical access hospitals (CAHs) that could not fully implement 2014 CEHRT in time for a full attestation period are allowed to utilize 2011 Edition CEHRT, a combination of 2011 Edition and 2014 Edition CEHRT, or 2014 Edition CEHRT to attest to either 2013 Stage 1, 2014 Stage 1, or 2014 Stage 2 MU , depending on their circumstances. (See chart on page 2 of this FAQ Sheet.)

Another effect of the final rule is that Stage 3 of MU has been delayed until 2017 for all EPs and EHs. The following chart describes what Stage EPs and EHs should attest to under the modifications:

First Payment Year	Stage of Meaningful Use										
	2011	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**
2011	1	1	1	1 or 2	2	2	3	3	*TBD*	*TBD*	*TBD*
2012		1	1	1 or 2	2	2	3	3	*TBD*	*TBD*	*TBD*
2013			1	1	2	2	3	3	*TBD*	*TBD*	*TBD*
2014				1	1	2	2	3	3	*TBD*	*TBD*
2015					1	1	2	2	3	3	*TBD*
2016						1	1	2	2	3	3
2017							1	1	2	2	3

Source: Federal Register, pp 52926-7: http://www.gpo.gov/fdsys/pkg/FR-2014-09-04/pdf/2014-21021.pdf

The final rule also specifies that Medicaid EPs and EHs may only qualify for the adopt, implement, or upgrade (AIU) incentive payment by adopting, implementing, or upgrading to 2014 Edition CEHRT.

Sources: Scott Pettigrew with Health Bridge, CMS and the Federal Register

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What version of Meaningful Use should I attest to and what version of CEHRT should I use?

If you were scheduled to demonstrate:	You would be able to attest for Meaningful Use:		
	Using 2011 Edition CEHRT to do:	**Using a combination of 2011 and 2014 Edition CEHRT to do:**	**Using 2014 Edition CEHRT to do:**
Stage 1 in 2014	2013 Stage 1 Objectives and Measures	2013 Stage 1 Objectives and Measures - OR - 2014 Stage 1 Objectives and Measures	2014 Stage 1 Objectives and Measures
Stage 2 in 2014	2013 Stage 1 Objectives and Measures	2013 Stage 1 Objectives and Measures- OR - 2014 Stage 1 Objectives and Measures - OR - Stage 2 Objectives and Measures	2014 Stage 1 Objectives and Measures- OR - Stage 2 Objectives and Measures

Source: Federal Register, pg 52914: http://www.gpo.gov/fdsys/pkg/FR-2014-09-04/pdf/2014-21021.pdf

What might qualify an EP to be able to use the CEHRT options in 2014?

In general, all situations that justify using one of the CEHRT options in 2014 (i.e. falling back to 2013 Stage 1 MU or to 2014 Stage 1 MU) must center around an EP's or EH's inability to fully implement 2014 Edition CEHRT due to demonstrable vendor delays. **However, installation of 2014 Edition CEHRT is not the sole deciding factor.** The following would be *some* of the possible reasons to use one of the CEHRT options:

- 2014 Edition CEHRT not installed in time for a full attestation period
- 2014 Edition CEHRT not installed in time to adequately perform system testing
- 2014 Edition CEHRT not installed in time to adequately train staff
- 2014 Edition CEHRT not installed in time to assess and implement new workflows
- 2014 Edition CEHRT not fully functional due to bugs, non-functioning or non-included required components, or safety concerns with the software
- Cases when the vendor has identified a functionality problem and sends out patches to fix the problem, which then requires the provider to wait until the issue is resolved to use the software

Sources: Scott Pettigrew with Health Bridge, CMS and the Federal Register

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What situations would an EP NOT qualify to use the CEHRT options in 2014?

It is important to note that the final rule is very clear: Situations stemming from an EP's or EH's inaction or delay in implementing 2014 Edition CEHRT is NOT sufficient reason to use one of the CEHRT options. These situations would include:

- Waiting too long to engage a vendor
- Provider's inability or refusal to purchase required software updates
- 2014 Edition CEHRT installed in time, but the EP or EH does not engage in timely employee training and/or workflow implementation activities
- In cases when patches are released that require provider action (installation, configuration, etc.), the EP or EH not taking required actions in a timely manner

Other situations NOT providing sufficient reason to use one of the CEHRT options include, but are not limited to:

- Failure to meet a measure threshold *
- Failure to conduct the activities required to meet a measure
- Staff turnover and/or changes

* A limited exception is allowed for providers who could not meet the Stage 2 Summary of Care. In these cases, however, the recipients must have been impacted by issues related to 2014 Edition CEHRT availability delays. EPs claiming this exception should document their rationale behind choosing to exercise this exception in case of audit.

What supporting documentation should an EP keep if they decide to use one of the CEHRT options in 2014?

The final rule does not include specific requirements for documentation of an EP or EH's rationale behind using one of the CEHRT options. However, Idaho Medicaid will be requiring providers to upload, on their own respective company letterhead, the reason(s) they chose the alternate CEHRT options for 2014 and recommends the following be retained, at minimum, as documentation for the event of an audit:

- Documentation of vendor contacts regarding 2014 Edition CEHRT installation
    - Dates of initial requests, contracts/addendums, etc.
    - Documentation of vendor delays in installation, training, etc.
- Documentation of bugs, errors, or other issues that prevent or delay the EP or EH from full implementation of the 2014 Edition CEHRT, prevent the practice from achieving one or more measures, or that present safety issues

Sources: Scott Pettigrew with Health Bridge, CMS and the Federal Register

  - Trouble ticket numbers, dates of submission, etc.
  - Email exchanges with vendor contacts to document practice action in resolving issues
- Minutes from internal meetings held to address issues stemming from vendor delays

If a practice intends to claim the limited exception for the Stage 2-Summary of Care requirement, the EP or EH should, at a minimum, perform the following steps:

- Make a historical list of the recipients of past referrals or transitions of care, including volume numbers and/or percentage of total referrals/transitions of care
- Contact these recipients and find out whether they are installing 2014 Edition CEHRT
- Document that these recipients are not installing due to issues related to 2014 Edition CEHRT availability delays
- Given the above documentation, ensure that the EP or EH would not be reasonably able to reach the 10% threshold